

# Medical Care Advisory Committee

Minutes of Meeting November 21, 2013

## In Attendance

**Committee Members Present:** Lincoln Nehring, Russ Elbel, Warren Walker, Kevin Burt, Jackie Rendo, Matthew Slonaker, Alan Purhs (for LaVal Jensen), Tina Persels, Andrew Riggle, Debra Mair, Michael Hales

**Committee Members Excused:** Steven Mickelson, LaVal Jensen, Greg Myers, Mark Brasher

**Committee Members Absent:** Mauricio Agramont, Jason Horgesheimer, Michelle McOmber

**UDOH Staff Present:** John Curless, Emma Chacon, Julie Ewing, Tonya Hales, David Lewis, Tracy Luoma, Gayle Six, Rick Platt, Kolbi Young, Craig Devashrayee, Josip Ambrenac, Summer Perkins

**Audience:** Bill Greer, Sage Winchester, David Skalka, Mark Ward, Sherri Oredson, JoAnn Koller, Joe Barton, Becky King, Gina Pola-Money, Amy Bingham, William Cosgrove, MD, Joyce Dolcourt, RyLee Curtis, Scott Horne

## Welcome

Chairman Lincoln Nehring called the meeting to order at 1:35 and welcomed everyone.

## Nomination of Individuals to Fill Current Vacancies

The committee currently has openings for a Senior Citizen representative, a provider representative from Utah hospitals, and a representative of the minority business community.

Russ asked whether there was a senior organization we could reach out to. The committee mentioned AARP. They also would like to reach out to the Chamber of Commerce for a small business representative.

Lincoln asked whether there were voices that should be at the table who are not. He asked for input from the audience. Should the membership be grown or changed? It has been brought up before that we would like to have a legislator. Warren mentioned the Office of the Public Guardian. Lincoln suggested the county mental health systems. David Skalka suggested nurse practitioners and pointed out that 75% of rural Medicaid care is provided by NPs. If there are any further ideas, please e-mail Josip. If you have names to suggest, that would be useful as well.

## Minutes

It was moved by Russ Elbel to approve the minutes of the October 17<sup>th</sup> meeting. The motion was passed.

## New Rulemakings

Craig Devashrayee presented the new rulemakings.

Tina asked what “streamline and consolidate” means. Craig replied that the changes refer the reader to the provider manuals instead of duplicating the information in the administrative rule. Michael clarified that we did this to ensure consistency between the administrative rules and the provider manuals.

There are no policy changes that we are attempting to implement. Andrew pointed out that if you’re not familiar with the system it can be somewhat challenging to find the right provider manuals. If we are going to make the consolidation change, can we link from the rule into the provider manual? Michael said that we have links to the manuals from the web page, but we can consider that change.

Dr. Cosgrove asked what it means to incentivize appropriate emergency use. Michael replied that this rule came out of the last legislative session. We are putting measurements in place that will incentivize the ACOs to discourage non-emergent use of the ER.

## Budget Update

Rick Platt presented the October Enrollment numbers.

Lincoln asked when the department expects to see increased enrollment from ACA. Michael said he would address this in the Director’s Report. Russ asked why the enrollment for children was dropping. Rick said that we will monitor this and do more analysis if the trend continues. Lincoln asked whether DWS has numbers for Medicaid attrition. Kevin said that it’s too soon to make any decisions based on October’s numbers. There are pending applications and reviews. It takes a few months to get the true picture.

## ACO Changes Impacting Care to Families

Three families who were affected by the termination of Harmony Home Health’s contract from Healthy U came to speak to the MCAC.

Joe Barton talked about his son, Tyler. He is grateful for the program Tyler is on and the agency that helps him at home. It’s very difficult for the family to have people come into the home. It helps with Tyler’s care, but they begin as strangers. The nurse eventually becomes part of the family. When several nurses come in, it makes it more difficult to accept the nurse into the family. It has been a blessing to have the nurses come to their home.

Sherri Oredson came with her son Chase, 17. His medical needs are very complex. He enjoys a good quality of life and brings joy to many people. The ACO that Sherri has been working with has been changing their culture and practices. A recent visit was made to her home by two case managers from the ACO and her home care case manager. It was clear, she said, that the case managers had already determined to cut Chase’s hours. The acuity grid is filled out monthly by the home health nurses. The nurses are very familiar with Chase. As the case managers arrives at her home, she was told that Chase’s hours were too high.

Sherri described several medical issues that Chase has. Sherri asked what qualified the case managers to go against doctor's orders for Care. The skill of the nurses is needed 24 hours a day. The acuity grid determines the number of nursing hours Chase gets. Sherri asked whether Medicaid was aware of how ACOs were treating patients and interpreting the acuity grid. Not weighing the benefit of good preventive care is a lose-lose situation for all of us. Are you aware that ACOs are calling a child "stable" because nurses and parent are able to manage a child's infections at home? What it takes to keep Chase stable is a lot of good preventive care. From the recent home visit, there were many judgmental accusations made by the ACO case managers. No matter how much I want to, I cannot take care of Chase alone. The children are very intimidating to non-medical individuals. Even for trained nurses, Chase requires special training. This is not typical care in the hospital or a doctor's office, let alone something a friend or neighbor can do. He has de-cannulated himself, pulled his feeding tube, and injured himself because of his autistic behaviors. This is not counted on the acuity grid, but when the feeding tube comes out, that requires nursing care at that very moment. The family cannot afford nursing wages to leave the house or get sleep. Sherri was told to put Chase in a full-time facility if she couldn't handle it. When Chase turns 18 in less than a year, what are you going to do? His needs will not change just because he turns 18. Are you aware that the ACOs are telling families that this will happen? Are the ACOs allowed to drop care with no other resource options? The home health agency was dropped because of a "business decision." The lack of transparency is a concern. We are all trying to make things work, but we continue to feel the resources tightening. I understand that there needs to be a way to fairly assess each patient, but it has been interpreted by the ACOs in any way that benefits them. We have many questions and not enough time in this meeting. The family requests a meeting to discuss these issues in detail.

Luanne Koller has concerns for her grandson, Kaleb, 3.5 years.

When we ask a question, we do not get a straight answer. "Business decision" is not an answer. What if the next company that the family chooses loses their contract after 6 months – the frustration and disruption to the family is not being accounted for in these decisions.

This decision has caused families extreme stress. We have lost nursing hours because of an acuity grid that no one can agree on. After home visits, some families have been denied services and told to put their kids in a facility. What I would like to see is a meeting to address these concerns.

Michael thanked the families for their time and effort. The department have been made aware of some of these issues, and ultimately we are in charge of managing the ACO contracts. Michael will be happy to schedule a meeting. Healthy U has given notice that they are terminating Harmony Home Health's contract. We are working with Healthy U and Harmony on a transition plan. As it relates to the ACO, this comes on the heels of changes that were made in January. We recognize that this is a tremendous disruption to families. Ultimately, we are trying to achieve the best care for children and families. Michael is very sorry for that having happened to the families. We do not contract for moral judgments to be placed on families. Michael extended his apology for that, and stated that we will work to preserve the relationship between the nurse and the child.

Tina thanked Michael and said that we can all feel that Medicaid cares and understands what families go through. To know that Medicaid wants to do the right thing for kids is very important. The meeting will be coordinated through Tina.

## CHIP Transition Update

Emma Chacon presented on the CHIP transition. We don't have a lot of new information at this point. We have prepared a letter for providers. We are trying to disseminate this information as broadly as possible. Providers can enroll as limited Medicaid providers. We are working on the letter to families who are being specifically identified. We are sending letters to Medicaid and CHIP providers. We're sending it to PMHPs and ACOs so they can disseminate it to their networks. An interim MIB is also likely to be sent out to providers.

## Director's Report

### Medicaid Expansion

Medicaid Expansion is an active discussion with a lot of different proposals being considered. We will probably have a public announcement in the next month or so and work out details during the legislative session.

### Marketplace Implementation

You've heard a lot about how the website is not working. This impacts us because it's been very difficult to tell whether we're getting enrollments. The enrollments will not go into effect until January. If someone applies today for Medicaid through DWS, we first screen them under today's rules, then under the rules that go into effect January 1. If the applicant does not meet either set of criteria, they are referred to the Marketplace to apply for the tax credit/insurance subsidy.

If someone tries to apply through Healthcare.gov, they are screened for Medicaid eligibility. The exchange refers individuals to DWS. One of the problems the feds have run into is with account transfers. We are being told that they're hoping to have that fixed and available by the end of November. If all goes according to plan, the feds will be able to start transferring cases. On Tuesday of this week, the feds were able to receive application transfers to the Marketplace. Account transfers from the state to the feds: 772. Applied for Medicaid and are eligible 1/1: 255 cases/556 individuals. Expected transfers from the feds: 3800 cases/7000 individuals. One of the concerns that the state has is that the Federal marketplace is using the income limits tied to the PCN program to screen if an individual is eligible for Medicaid. Where PCN is not open for enrollment right now, DWS will have to send letters to all those individuals once the file exchange takes place.

Lincoln asked what rate cell these individuals would be in. Kevin replied that we have no way to know right now, because we only have numbers. Alan asked whether those being referred to the marketplace could be referred to local navigators. Kevin said that there is agreed-upon text that probably doesn't have navigator info. DWS has been proactive in referring folks to navigators and CACs. DWS has been able to send the data and the feds have received it, but DWS doesn't know what, if anything, is happening to applications after that. We will have to wait and see.

## PCN Waiver Update

We received a temporary extension through the end of this year. We're working out an arrangement to extend the waiver through 2014. There will be changes for next year. The upper eligibility limit may be 100% FPL as those over 100% could be eligible for the insurance subsidy. CMS will allow us to keep the enrollment cap and the partial benefit structure. There will be changes in the cost-sharing to adhere to standard Medicaid. The enrollment fee will be eliminated. Alan asked whether there is a potential partnership to help eliminated PCN clients move to the Marketplace. Michael says that sounds like a good idea. Lincoln asked whether UPP would change, and Michael replied that we will not change it. Emma added that we are leaving our options open to amend the waiver going into the legislative session.

## Autism Pilots

For children entering services, we have done a timeline assessment on their progress. We saw good results with the Medicaid Waiver. Children in our pilot started with a score of 64/170 and improved to 91/170. The provider infrastructure has been developing, and as that happens we will have more capacity. We're trending at about \$15,000 per child per year. We expect that will go to \$25,000 per year as services become more available. The waiver is authorized with funding through June 2014. We will have an opportunity to do more assessments before we discuss whether to continue the waiver. This will be an active point of discussion during the session to determine if the pilots will continue beyond June 2014.

## Adjourn

With no further business to consider, the meeting adjourned.